

Your Dignified Care Ltd

Your Dignified Care Ltd Wellingborough

Inspection report

1 Sandy Close
Wellingborough
NN8 5AY

Date of inspection visit:
16 February 2023

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24 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Your Dignified Care Limited is a domiciliary care agency providing personal care to people with health and social care needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 14 people who received personal care using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

Right Support:

People's independence was promoted where possible by the staff. There were sufficient staff deployed to meet people's needs and wishes. However, due to staff shortages across the health and social care sector the registered manager was also delivering hands on care at various times.

People were not always fully protected from risks associated with their care and support. The registered manager acknowledged the service was in the process of implementing improvements as the service had started to grow and had identified areas for improvement before we started our inspection. However, at the time of our inspection systems had still to be implemented.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records relating to capacity needed improving and we have made a recommendation about this. Staff supported them in the least restrictive way possible and in their best interests;

Right Care:

People had unique needs and staff knew people and understood risks to people. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs. People's needs were assessed and developed into a support plan. Further work was underway to ensure support plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs.

People received person-centred care that promoted their dignity, privacy and human rights. Staff

recognised and responded to changes to individual's needs. People told us they were treated with kindness and patience.

Right Culture:

Governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement. Support plans and risk assessments relating to people's health needs were completed but needed more person-centred information to help protect the health and welfare of people who used the service. Relatives and staff gave us positive feedback about the culture at the service.

Staff feedback on working in partnership with the registered manager was positive. Staff reported they felt Your Dignified Care Limited was a supportive company to work for, particularly in life work balance.

This service was registered with us on 29 May 2022 and this is the first inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to governance and oversight at this inspection.

Recommendations

We have made recommendations about the review of records relating to capacity and the timely submission of notifications.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Your Dignified Care Ltd Wellingborough

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 14 February 2023 and ended on 17 March 2023. We visited the location's office

on 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 24 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We spoke with 2 relatives of people using the service, three members of care staff, and the registered manager.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at multiple staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not fully protected from risks associated with their care and support.
- Risk assessments formed part of the initial assessment. These covered a range of issues from mobility to skin integrity, however few risk reduction measures were in place for staff to follow. For example, we saw an assessment for a person who had been diagnosed with dementia. This had no information on how this affected the person and the risks associated with dementia. We did not find evidence people had been harmed, as people told us staff assisted them when needed and kept them safe. The registered manager told us they were in the process of making improvements by introducing new risk assessment templates. We saw evidence of this, but this was not in place during the inspection.
- Environmental risk assessments were completed. The assessments identified risks in people's homes. This enabled staff to take action to reduce and mitigate the chance of harm to people.

Using medicines safely

- People safely received their medicines. Records showed medicines had been given as prescribed, which helped people with their health needs.
- Staff told us they had received training in medicine administration from the registered manager. They said their competency was tested to ensure they knew how to administer medicine to people safely.
- We saw an assessment for one person whereby the medicines information was not recorded, but staff were instructed to look at the person's medication administration record (MAR) for the information. We discussed with the registered manager how this might prevent access to the relevant information for staff at any point. The registered manager said they would ensure full information in relation to medicines for people was described on all care documents.
- The medicine policy supported people to receive their medicines in the way they preferred. People had the choice to manage their own medicines, which meant they kept their independence.

Staffing and recruitment

- Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for staff. These checks help prevent unsuitable people from working with people who used the service. However, the provider had not implemented a probationary period for staff, which meant they were unable to evidence how they assessed the performance and capability of new staff in meeting the expectations of their role. The registered manager quickly rectified this issue and updated their contracts of employment. We signposted the provider to good practice resources in relation to the recruitment of staff in social care.
- The registered manager told us about their plans for the recruitment of more staff. They said they were

also currently providing hands on care themselves, to cover the services agreed care hours. The registered manager assured us this would not continue. We reviewed staffing rota's, alongside the electronic call monitoring system.

- People and relatives told us that the required number of staff were always sent to provide personal care. Care plans identified the number of staff required to deliver care safely.
- An electronic call logging system was now in place so the registered manager could monitor staff care calls. There were no missed calls reported.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, however the registered manager had not always notified CQC of safeguarding concerns that had been investigated by the local authority. The registered manager told us they were fully aware of their duty to report any concerns and to whom.
- People and relatives said staff followed safe working practices and they felt there was protection from the risk of abuse. One person said, "I definitely feel safe and much happier than with previous care agency."
- Staff understood how to safeguard people. Staff were aware of reporting concerns to the registered manager if abuse was suspected or alleged. They knew how to report to a relevant outside agency if no action had been taken by management. Staff had confidence that management would act if there were any concerns about people's safety.

Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected people from the risk of infection.
- Staff told us they had received training from the registered manager in infection control, including COVID-19 and the correct procedure for using PPE (donning and doffing). They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- There were systems in place to monitor incidents and accidents so action could be taken to promote people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA.
- Records relating to capacity needed improvement. For example, the registered manager told us that all the people they were supporting had capacity to make decisions. However, care plans for two people suggested that both people might have fluctuating capacity to make certain decisions on a day to day basis. We found no evidence that capacity had been explored in the care plans.
- The registered manager told us they were in the process of making improvements to their care planning documents to ensure all discussions and best interest decisions were recorded. We saw evidence of this, but this was not in place during the inspection.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.
- People and their relatives confirmed people's right to make their own decisions was respected. For example, a person told us, "Like with my mobility, what I want to do or try. With this care I am happy."

We recommend the provider ensures the review of records relating to capacity.

Staff support: induction, training, skills and experience

- Staff received mandatory training and competence checks to support people safely which included specific training to meet people's individual needs. The registered manager was aware of the training requirement for staff to support autistic people and people with a learning disability.
- People and relatives told us staff seemed well trained and they had no concerns.
- Staff had received supervision. The registered manager said that there was only a small number of staff and they all worked together. This meant the registered manager was able to observe and provide guidance as this arose. This allowed the registered manager to have detailed oversight of staff support needs.
- Staff thought the training they received meant they could provide effective care to people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were in place. This enabled people to have choice and ensured the service was able to meet their needs and preferences.
- People confirmed that staff always respected their choices in how they wanted to live their lives. One person told us, "Before I didn't get my hair brushed. But now I have my hair brushed twice a day and I now feel more human."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supplied with relevant assistance to ensure they had enough food and fluids.
- People and relatives told us staff provided support to eat and drink when needed. One relative told us, "The care plan states what the care workers are to do. Like with [my relatives] food, everything has to be cut up as [they] cannot swallow easily."
- Care plans detailed the support people required from staff to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with medical professionals. This included working with general practitioners to assist a person with continence needs. This support helped to ensure people received the treatment they needed.
- People were confident their healthcare needs were met. A relative said staff had contacted a pressure sore specialist. This meant staff had effectively acted for this person to receive medical treatment for their condition.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated and supported. They said all staff were very friendly and caring. Staff respected the way they wanted to live their lives. A person told us, "[The care staff] actually want to care for us. Makes a difference. What difference."
- Staff members had a good knowledge of the person being supported. They were positive about providing quality care to meet people's needs.
- The registered manager and staff members fully understood the need to respect people and their diversity. Staff said they respected people and their individual choices.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in making decisions about their care. People and their relatives told us they were involved in planning care. They said the registered manager spent time with the person to fully understand their needs.
- Staff members were aware of how people liked to receive their care. For example, choices such as what food and drinks people wanted and the clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their privacy, dignity and independence was encouraged.
- People said that staff fully respected their independence and encouraged this, such as with washing if they were able to do this.
- People and their relatives said staff promoted privacy and dignity when providing care. Staff members gave examples of how they did this. Which included covering the person when providing personal care and asking visitors to leave the room when personal care was to be provided.
- Staff members said they always encouraged people to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised. People said staff always communicated and chatted to them, so they felt they were recognised and respected.
- They said they had choice and control over the way their care was provided. For example, whether they wanted to get up, what clothes they wanted to wear and whether they wanted to wash themselves.
- Care plans did not fully detail the person's personal history such as family and their interests and hobbies, though it did include their likes, dislikes, and religion. The registered manager said this information would be extended. This would then provide staff with more personalised information to understand and engage with what was important to the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the need to put systems in place when needed. This included providing information in large print, audio and pictures. There was information in care plans regarding people's communication needs.
- The registered manager was aware of the need to respect the person's preferred communication style. This allowed people to feel valued as they could always express themselves.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally.
- From records we reviewed, we saw all complaints were responded to and investigated. This included going to visit people at home to discuss their concerns face to face and if appropriate by inviting relatives to meetings to discuss their concerns.
- People we spoke with told us that they did not have any complaints. People and their relatives told us if they had any concerns, they would have no hesitation about discussing this with the registered manager. This is because they always found the registered manager to be caring and responsive to their views.

End of life care and support

- The staff were not supporting anyone with end of life care.

- People's wishes were not discussed or recorded in their care plans. The registered manager told us they were in the process of making improvements by introducing a new policy and procedure that followed good practice. We saw evidence of this, but this was not in place during the inspection.
- Staff had not received training on how to support people with end of life care. The registered manager told us they would ensure all staff had received training with end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits and checks had been carried out by the registered manager to check the service met people's needs. These included checks on care records, call times and medicines. However, they were not always effective as they had not identified issues we found. This included the lack of detail in risk assessments, lack of information in peoples' life histories, and the lack of probationary period's for staff. This meant the opportunity to learn lessons may have been missed.
- Before the inspection it had been identified that staff were providing care to two people with a learning disability. The provider's statement of purpose did not reflect this and the regulations require that a provider's statement of purpose, describes the range of peoples' needs that the service intends to meet. Providers must notify CQC of any changes to their statement of purpose and ensure it is kept under review and notify CQC when there are any changes to the information listed. The registered manager was requested to submit a notification to the CQC, with information as part of this change.
- The registered manager told us they had been focusing on providing hands on care to people whilst they were recruiting new staff, however this had led to a lack of oversight of the service by the provider.
- The provider had failed to ensure proper employment contracts were in place.
- The provider's records relating to capacity needed improvement which is a regulatory requirement.

The provider's governance and quality assurance systems were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection. They confirmed new policies and procedures would be put in place as soon as possible.

- The registered manager understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Surveys of people's views showed high levels of satisfaction with the service.
- Staff were monitored by the registered manager continuously as they worked together. This showed staff were providing appropriate care and a positive approach to people. This allowed the registered manager to maintain oversight of how care was being delivered.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open,

inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for people and the relatives we spoke with. One person said, "[The registered manager] does make sure the care staff 'care'."
- Staff felt supported. They said whenever they had an issue, the registered manager always responded swiftly and positively. One staff member said, "I am given the necessary support and care when I need it. My manager and colleagues are nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not always submitted notifications to CQC in accordance with legislation. Before the inspection we found the provider had not submitted notifications about two safeguarding incidents. CQC had become aware of the incidents when notified by the local authority. We reviewed the safeguarding concerns and found no impact had occurred. The provider provided assurance any notifications would be submitted in the future. We felt this was related in part to the additional governance concerns and shared guidance with the registered manager on what certain changes, events and incidents that affected their service or the people who uses it, needed referring to CQC.
- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

We recommend the provider ensures guidance is reviewed and systems implemented to ensure the timely submission of CQC statutory notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Formal feedback had been sought from people and their relatives. This showed that they were very satisfied with the service. A relative said, "I speak to the [registered manager] personally and talk with them. It is reassuring for me."
- As there were only a small number of staff and they worked together, the registered manager spoke to staff continuously about issues concerning care and received feedback from staff.
- People told us that they were treated fairly. They said they did not have any specific cultural or religious requirements, and all their needs had been met.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. The registered manager liaised with specialist medical professionals when needed for people. Records showed this had taken place.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings. They said the inspection enabled them to reflect on providing an even more personalised service for people in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and quality assurance systems were not always effective.